



State of Connecticut
Office of State Ethics
18-20 Trinity Street
Hartford, CT 06106-1660

ANNUAL STATEMENT OF FINANCIAL INTERESTS
For calendar year 2006

GENERAL NOTICE TO FILERS

- Instructions for each section are contained at the beginning of each section. Fill in each section with the information required. **If you need additional fields or pages, please photocopy the appropriate pages and attach them to this form.**
- **In addition to this form, you also must complete the Confidential Addendum (Form ETH-3A).** If you did not receive a Confidential Addendum with this form, please contact the Office of State Ethics for a copy.
- Under Connecticut General Statutes, Section 1-83, a person who, at any time during 2006 or during 2007 prior to March 31, occupies a position in state government which requires the filing of a Statement of Financial Interests for calendar year 2006 shall do so on or before May 1, 2007. In addition, any person assuming such position after March 31, 2007, shall file a Statement of Financial Interests for calendar year 2006 within 30 days of assuming such position. Regs., Conn. State Agencies § 1-81-2. Each individual filer is required to provide information about themselves, their spouse, and dependent children who reside in the individual's household. Regs., Conn. State Agencies § 1-81-3.
- A person who leaves a position which requires the filing of a Statement of Financial Interests, within thirty days of his or her departure, will be notified by the Office of State Ethics of the requirement to file a Statement of Financial Interests for the portion of the calendar year served. Such person must file the statement within 60 days after receipt of notification from the Office of State Ethics. Conn. Gen. Stat. § 1-83(a)(1).
- Under Connecticut General Statutes, Section 1-83(d), any individual who is unable to provide information by reason of impossibility may petition the board for a waiver of the requirements.

1. Filer's Personal Information:

First Name:

Middle Initial:

Last Name:

State of Connecticut Phone: ext.:

State of Connecticut E-mail:

2. Spouse Information:If you do not have a spouse, please check this box: ☐First Name: MI: Last Name: **3. Dependent Children Residing in Filer's Household:**If you do not have dependent children residing in your household, please check this box: ☐First Name: MI: Last Name: First Name: MI: Last Name: First Name: MI: Last Name: **4. Filer's Current State Position:***Please complete Section A or B.***A. Member of the General Assembly:**☐ Senator

District No. _____

☐ Representative

District No. _____

B. Member of the Executive Branch:

Name of Public or Quasi-Public Agency:

Title:

5. (If applicable) Filer's Previous State Position(s): *Please complete this section if you held a different state position during 2006 or left state service in 2006. Please list all state positions you held in 2006.***A. Member of the General Assembly:**☐ Senator

District No. _____

☐ Representative

District No. _____

B. Member of the Executive Branch:

Name of Public or Quasi-Public Agency:

Title:

INSTRUCTIONS FOR REAL PROPERTY (Page 3)

- List all real property owned by you, your spouse, dependent children residing in your household, or held in the name of a corporation, partnership, or trust for the benefit of you, your spouse or dependent children residing in your household. Please list any property owned, bought or sold at any time during the calendar year, including any time-share property ownership.
- Include property even if it is subject to a home mortgage.

6. Real Property and Location:

If you do not own real property please check this box: ☐

Primary Residence: *The Office of State Ethics will not disclose those residential address exempted from disclosure under Connecticut General Statutes § 1-217.*

Street:

City: State: Zip:

Owner or Beneficiary:

Held Directly: Yes ☐ No ☐

If no (i.e., the property is not held directly), please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

Held By:

Additional Real Property:

Street:

City: State: Zip:

Owner or Beneficiary:

Held Directly: Yes ☐ No ☐

If no (i.e., the property is not held directly), please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

Held By:

INSTRUCTIONS FOR BUSINESSES WITH WHICH ASSOCIATED (Pages 4 - 6)

- List all businesses with which you, your spouse, children or dependent relatives residing in your household, are associated if:

The business is a sole proprietorship, partnership, firm, corporation, trust, or other entity through which business for profit or not-for-profit is conducted

AND

At any time during the calendar year (covering that portion of the year in which you held state office), you or a member of your immediate family was a director, officer, owner, limited or general partner, trust beneficiary, or holder of stock constituting five percent or more of the total outstanding stock of any class.

- Do **not** list not-for-profit entities if you, or a member of your immediate family, were an **unpaid** director or officer of the entity.
- For purposes of this section, "Officer" refers only to the president, executive or senior vice-president, or treasurer of a business.
- For purposes of this section, "Trust" means a trust in which, at any time during the calendar year, you or a member of your immediate family had a present or future interest which exceeded ten percent of the value of the trust or exceeded fifty thousand dollars, whichever was less. "Trust" does not include a blind trust established by you or a member of your immediate family for the purpose of divestiture of all control and knowledge of assets.

7. Sole proprietorship, partnership, firm, corporation or other business for profit:

If this section does not apply to you, please check this box:

☐

Name of
Business:

Street:

City:

State:

Zip:

Nature of
Business:

Nature of
Interest:

(e.g., owner, director, etc.)

Interest Held

By:

☐ Self

☐ Spouse

☐ Joint

☐ Dependent Residing in Household

8. Non-Profit Organizations: (e.g., charity, educational institution, etc.)

If this section does not apply to you, please check this box:

☐Name of
Non-Profit:

Street:

City:

State:

Zip:

Nature of
Business:Nature of
Interest:

(e.g., owner, director, etc.)

Interest Held

By:

☐

Self

☐

Spouse

☐

Joint

☐

Dependent Residing in Household

9. Trusts:

If this section does not apply to you, please check this box:

☐

Name of Trust:

Name of Trustee:

Street:

City:

State:

Zip:

Beneficiary: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

10. Business Affiliations:

Are any of the entities disclosed in sections 7 through 9 engaged in a partnership, joint ownership or other business affiliation with:

- (1) a lobbyist;
- (2) a person that the filer knows or has reason to know is doing business with, or seeking to do business with, the State of Connecticut;
- (3) a person that the filer knows or has reason to know is engaged in activities that are directly regulated by the filer's department or agency, or
- (4) a business with which an individual described in items (1), (2) or (3) is associated?

☐ Yes ☐ No

If the answer to question 10 is **Yes**, complete section 11.

If the answer to question 10 is **No**, skip section 11 and continue to section 12.

11. Description of Business Affiliation:

a. Name of filer's "business with which associated" as identified in Section 7, 8 or 9:

b. Category of affiliated business from Section 10

- ☐ (1) a lobbyist;
- ☐ (2) a person that the filer knows or has reason to know is doing business with, or seeking to do business with, the State of Connecticut;
- ☐ (3) a person that the filer knows or has reason to know is engaged in activities that are directly regulated by the filer's department or agency, or
- ☐ (4) a business with which an individual described in items (1), (2) or (3) is associated?

c. Name and address of affiliated business:

d. Type of business affiliation (*e.g.*, partnership, joint ownership, etc.):

e. Date business affiliation was created:

INSTRUCTIONS FOR CATEGORIES OF INCOME (Page 7)

- List all **CATEGORIES** of income in excess of \$1,000, including your state salary or wages. Categories include salary/wages, alimony, child support, award/prize, capital gains, deferred compensation, dividends, gifts, interest, lottery winnings, partnership distributions, pension, rent, compensation, social security, unemployment, workers compensation, or other.
- Do not list the specific source of income received (i.e. specific employers, property holdings, banks, or stock).

12. Categories of Income:Category of
Income:

Recipient:

☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in HouseholdAdditional
Category of
Income:

Recipient:

☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in HouseholdAdditional
Category of
Income:

Recipient:

☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in HouseholdAdditional
Category of
Income:

Recipient:

☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in HouseholdAdditional
Category of
Income:

Recipient:

☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in HouseholdAdditional
Category of
Income:

Recipient:

☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

INSTRUCTIONS FOR BLIND TRUSTS (Page 8)

- List the name of the trustee of any **BLIND TRUST** established by you, your spouse, your children or dependent relatives who reside in your household.
- A **BLIND TRUST** is a trust established for the purpose of divestiture of all control and knowledge of assets.

13. Blind Trusts:

If this section does not apply to you, please check this box:

☐Name of Trustee: Street: City: State: Zip: Beneficiary: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in HouseholdName of Trustee: Street: City: State: Zip: Beneficiary: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in HouseholdName of Trustee: Street: City: State: Zip: Beneficiary: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

INSTRUCTIONS FOR SECURITIES (Page 9)

- List the name of each security which had a fair market value in excess of \$5,000 at any time during calendar year 2006. Include securities owned by you, your spouse or dependent children, or held in the name of a corporation, partnership, or trust for the benefit of you, your spouse or dependent children.
- **Securities include:** stocks, bonds and mutual funds
- **Securities do not include:** certificates of deposit, bank accounts, or money-market funds

14. Securities:

If you have no interest in securities with a fair market value in excess of \$5,000 at any time during the calendar year, please check this box:

☐

Name of Security:

Owner (or Beneficiary
if held by another):

☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

Held By:

(e.g., Name of trustee, corporation, etc., if not owned directly)

Name of Security:

Owner (or Beneficiary
if held by another):

☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

Held By:

(e.g., Name of trustee, corporation, etc., if not owned directly)

Name of Security:

Owner (or Beneficiary
if held by another):

☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

Held By:

(e.g., Name of trustee, corporation, etc., if not owned directly)

INSTRUCTIONS FOR LEASES AND CONTRACTS (Pages 10 – 11)

- **Leases:** For each lease between the State and you or a business with which you, your spouse or your dependent children are associated, list the following:
 - names of the lessor (i.e. landlord) and the lessee (i.e. tenant)
 - address of the subject property
 - term of the lease, and
 - annual rent
- **Contract:** For each contract between the State and you or a business with which you, your spouse or your dependent children are associated, list the following:
 - name of the parties
 - term of the contract
 - contract cost or value
 - subject of the contract, and
 - contract identification number
- Please identify the state by the name of the relevant department (i.e. Department of Public Works)
- **NOTE:** Leases and contracts with quasi-public agencies are not contracts with the State and do not require disclosure. (See Advisory Opinion 2002-3).

15. Leases:If this section does not apply to you, please check this box: ☐Name of Lessor: Name of Lessee:

Property Address

Street: City: State: Zip: Length of Lease: Annual Rent:

16. Contracts:If this section does not apply to you, please check this box: ☐

State	
Agency:	
Name of Contractor:	
Contract ID#:	
Contract Amount:	
Length of Contract:	
Nature of Contract:	

State	
Agency:	
Name of Contractor:	
Contract ID#:	
Contract Amount:	
Length of Contract:	
Nature of Contract:	

CERTIFICATION

1. I UNDERSTAND that if I fail to file this statement timely and accurately, I may be subject to a penalty of up to \$10,000.
2. I UNDERSTAND that all information I provide on this form shall be a matter of public record, and shall be disclosed by the Office of State Ethics upon request, unless exempt from disclosure by the Freedom of Information Act, Connecticut General Statutes § 1-200 *et. seq.*
3. I UNDERSTAND that if, by reason of impossibility, I am unable to provide the information required by this form, I may petition the Citizen's Ethics Advisory Board for a waiver.
4. I UNDERSTAND that I must file with the Office of State Ethics, a report of the payment or reimbursement of "necessary expenses" for lodging and/or out-of-state travel incurred by me, in my capacity as a public official or state employee, for an article, appearance, speech, or for my participation at an event, unless the payment or reimbursement is provided by the State of Connecticut, the federal government or another state government. I FURTHER UNDERSTAND that if, either intentionally or due to gross negligence, I fail to file such a report within thirty (30) days after receiving the payment or reimbursement, I will be required to return the payment or reimbursement and may be subject to a penalty of up to \$10,000.
5. I UNDERSTAND that, in addition to this form, I also must complete and submit the Confidential Addendum (Form ETH-3A). If I did not receive a Confidential Addendum with this form, I will contact the Office of State Ethics for a copy.
6. I CERTIFY, UNDER PENALTY OF FALSE STATEMENT, that this Annual Statement of Financial Interests is a complete and accurate statement of financial interests, as defined by Connecticut General Statutes § 1-83(b)(1), for myself, my spouse and dependent children residing in my household, during the calendar year 2006.

I have read and agree to the above certification.

Signature: _____

Date: _____

Print Name: _____

Please return completed forms to:

Office of State Ethics
18-20 Trinity Street
Hartford, CT 06106

NOTE: If you have any questions regarding the information requested by this form, please contact the Office of State Ethics - Legal Division.